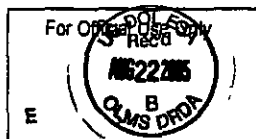


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 10859	2 Fiscal Year Covered From 1 / 1 / 04 Through 12 / 31 / 04
3 Name and address of person filing Name Michael Shamp P O Box, Bldg, Room No, if any Street 7824 Oakville Rd. City Mt. Carroll State Illinois ZIP Code + 4 61053	4 Name, file number, and address of labor organization Name Laborers' Local 727 Labor Organization File Number 001746 P O Box, Building and Room Number, if any Street 768 Bloody Gulch Rd. City Dixon State Illinois ZIP Code + 4 61021
5 Position in labor organization Sergeant At Arms	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income Please be advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years. 7 b Amount

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Michael Shamp</u>	On <u>8-15-05</u> Date	<u>815-684-5236</u> Telephone Number

Name of Person Filing Michael Shamp	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with
Name	a Labor Organization
Trade Name, if any	b Trust
P O Box, Bldg , Room No , if any	c Employer
Street	
City	
State ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	Same as report in section 7A of this report
Trade Name, if any	
P O Box, Bldg , Room No , if any	11 b Approximate dollar value of such dealing
Street	12 a Nature of interest held or income received
City	
State ZIP Code + 4	12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name	Same as section 7A of this report
Trade Name, if any	
P O Box, Bldg , Room No , if any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment